



# CITY OF BRUNSWICK

1 W. Potomac Street • Brunswick, Maryland 21716 • (301) 834-7500

## EXHIBIT A

### REQUEST FOR ADVISORY OPINION FORM

Requestor's Name: \_\_\_\_\_

Requestor's Title/ Position: \_\_\_\_\_

Requestor's Address: \_\_\_\_\_

\_\_\_\_\_

Requestor's Telephone Number: \_\_\_\_\_

Requestor's e-mail address: \_\_\_\_\_

Requestor's facsimile number: \_\_\_\_\_

Description of the facts and circumstances in question (attach an additional sheet if necessary):

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**Request for Advisory Opinion Form Cont.**

Summary of the ethics issue requested to be determined (attach an additional sheet if necessary):

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Requestor's Signature

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Date

**Approved: 1/18/06; Revised:**